

Position Management Committee Proposal Form

Date:		Date proposed to PMC:	
Position Title	Pay Plan	Occ. Code (Series)	Grade Level
Organizational Code			
The position is: <input type="checkbox"/> New <input type="checkbox"/> Existing	Is there a current PD? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is classification required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Action Requested:			
Justification: (Provide background and justification describing need for establishing/refilling position)			
What are the major ramifications of not filling the position?			
How will position be funded?			
Projected EOD _____			
Will a detail/temporary promotion be used in the interim? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How are FTEs affected?			
Advertise: <input type="checkbox"/> Merit Promotion <input type="checkbox"/> DEU <input type="checkbox"/> Detail/Temporary Promotion <input type="checkbox"/> Open period:____days			
Submitted by: (Supervisor's Name)		Group Manager:	
For PMC Use			
Approved for: (check all that apply) <input type="checkbox"/> Position Review/Accretion of Duties <input type="checkbox"/> Classification <input type="checkbox"/> Recruitment <input type="checkbox"/> Fill	Proposal: <input type="checkbox"/> Denied <input type="checkbox"/> Placed on hold	Moving expenses: <input type="checkbox"/> Authorized <input type="checkbox"/> Not Authorized	
Notes:			